



# Retail Food Establishment Inspection Report

Floyd County Health Department  
Telephone: 812-948-4726

X6600

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name <b>Penn Station</b>		Telephone Number <b>812 941 9606</b>	Date of Inspection (mm/dd/yr) <b>10/1/2019</b>	PERMIT # <b>19-224</b>	
Establishment Address (number and street, city, state, zip code) <b>2154 State St. New Albany, IN 47150</b>		<b>502 727 5121</b>			
Owner <b>Gregg Vissing</b>		Purpose: 1. Routine <b>2. Follow-up #2</b> 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Follow-up <b>NO</b>	Release Date <b>10 days</b>	
Owner's Address <b>4317 Charleston Rd. New Albany, IN 47150</b>		Summary of Violations: <b>C</b> <input checked="" type="checkbox"/> <b>NC</b> <input checked="" type="checkbox"/> <b>R</b> <input checked="" type="checkbox"/>			
Person in Charge <b>Aaron Arnold</b>		Menu Type (See back of page) <b>1</b> <b>2</b> <b>3</b> <b>X</b> <b>4</b> <b>5</b>			
Responsible Person's E-mail					
Certified Food Manager <b>Aaron Arnold (9/12/24)</b>					
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"					
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"					
Section#	C/NC	R	Narrative		To Be Corrected By
			<b>No violations. All corrections made.</b>		
Received by (name and title printed): <b>Aaron Arnold</b>			Inspected by (name and title printed): <b>A.J. Ingram (EHS)</b>		
Received by (signature): 			Inspected by (signature): 		
cc:		cc:		cc:	